

Addressing Weight Gain

Post-Cessation Weight Gain

Since weight gain is one of the main side effects of insulin therapy, diabetic patients naturally tend to be concerned about their weight.⁹ Unfortunately, research suggests that patients with diabetes view smoking as a form of weight control. Within the diabetic population, concerns about weight gain following smoking cessation are particularly prevalent among women, obese smokers, and those with poor metabolic control.¹⁰

Their fears are warranted. The average person gains 6-10 pounds upon quitting smoking.¹¹ Several factors contribute to weight gain in quitters.

Cause of Weight Gain	Is this Preventable?
Nicotine increases metabolism in a way that is harmful to health: it causes body tension, accelerates the heart rate, increases blood pressure and causes physical agitation. ¹¹ When an individual quits smoking, their metabolism returns to normal rates and their body returns to the weight it would have been if they never smoked. ¹²	No. However, weight gain is usually limited to 10 pounds or less and can be delayed by using bupropion SR or NRT.
Quitters might gain 3 to 5 pounds due to water retention during the first week after quitting. ¹²	No. But it will go away after a week.
Tobacco use reduces the ability to smell, so food is naturally more appealing when the tobacco user quits. Since food tastes better, some quitters eat more than they did as tobacco users. ¹³	Yes! Need to focus on eating and snacking on healthier foods that will help avoid or limit weight gain.
Tobacco users develop the habit of frequently putting their hands to their mouth to smoke or chew. When individuals give up tobacco, some people continue this habit, substituting food for tobacco. ¹³	Yes! Need to focus on eating and snacking on healthier foods that will help avoid or limit weight gain.
Cravings for cigarettes or chew during nicotine withdrawal can be confused for hunger pangs. ¹³	Yes! Individuals need to take a few minutes to decide if they are really hungry or if what they are feeling is withdrawal symptoms before they eat.

References:

⁹Shane-McWhorter, L. (2002). Insulin-therapeutic considerations. In R.E. Jones & K. Kulkarni, (eds.), *Utah Diabetes Management Handbook* 2nd Ed. (13.1-13.9). Salt Lake City: Buck board Press.

¹⁰Diabetes Prevention and Control Program, Utah Department of Health & Utah Tobacco Prevention and Control Program. (2003). *Helping patients with diabetes quit using tobacco*.

¹¹QuitNet.com, Inc. (2003). *Expert FAQ: Doesn't smoking help me stay thin?*

Retrieved from: http://utah.quitnet.com/ExpertSystem/faq_entry.html?%99%1Fs%13%EAz.

¹²Weight-control information Network (WIN), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) (not dated). *You can control your weight as you quit smoking*. Retrieved from: www.pueblo.gsa.gov/cic_text/health/w8quit-smoke/index.htm.

¹³Utah Department of Health. (1997). *Ending Nicotine Dependence*.



Make a commitment.

Addressing Weight Gain

Healthy Ways to Minimize Weight Gain

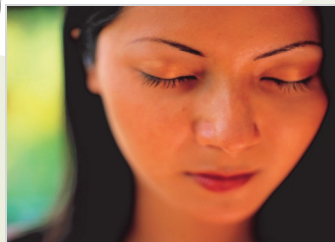
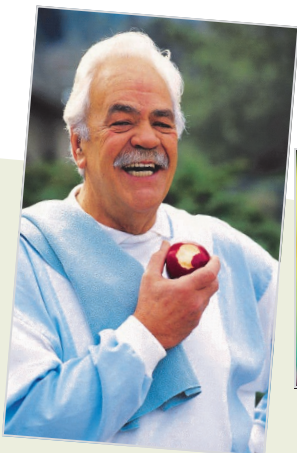
- ☑ **Become more physically active.**—In addition to helping control weight, exercise may help relieve the stress and depression caused by purging nicotine from the body.¹⁴ Some studies have shown that increased physical activity actually improves quit rates in addition to reducing weight gain.¹⁵
- ☑ **Gradually improve eating habits.**—Strict dieting does not prevent weight gain in quitters and makes it harder to quit using tobacco.¹⁵
- ☑ **Replace smoking with healthy activities.**—Snack on fruit or sugarless gum to satisfy any sweet cravings. Replace the action of holding a cigarette with activities such as doodling, working puzzles, knitting, twirling a straw, or holding a pen or pencil. Relieve tension by meditating, taking a walk, soaking in a tub, or taking deep breaths.¹⁴
- ☑ **Drink plenty of fluids, especially water and juice.**—Drinking lots of water both cleanses the body of nicotine, decreasing the duration and severity of withdrawal symptoms, and helps individuals feel more full so they don't overeat.¹⁶ However, avoid caffeinated beverages, which may make nicotine withdrawal worse.¹⁴
- ☑ **Get enough sleep.**—When individuals are tired, they are more likely to crave tobacco and food.¹⁴

References:

¹⁴Weight-control information Network (WIN), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) (not dated). *You can control your weight as you quit smoking*. Retrieved from: www.pueblo.gsa.gov/cic_text/health/w8quit-smoke/index.htm.

¹⁵Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). *Treating Tobacco Use and Dependence*. Clinical practice guidelines. U.S. Department of Human Services, Public Health Service.

¹⁶American Lung Association. (2001). *Hunger helps: tips for changing your behavior about food. Freedom from smoking: Module 6 weight control*. Retrieved from www.lungusa.org/ffs/protected/handouts/handout49.doc.



Address tobacco use with all patients.

Addressing Weight Gain

How to Talk to Patients About Weight Gain and Quitting

Do:

1. Reassure the patient that weight gain is minimal, usually between 6 and 10 lbs.¹⁷

2. Inform the patient that the health risks of smoking are far greater than the risks of gaining 6 to 10 pounds.¹⁷ A smoker would have to gain about 100 pounds after quitting to make her health risks as high as when she smoked.¹⁸

3. Recommend pharmacotherapies through their health care provider.

Bupropion SR and nicotine replacement therapies (NRT), particularly nicotine gum, delay weight gain in quitters. Use of pharmacotherapy does not prevent weight gain after discontinuing use of the medication, but does prevent weight gain immediately after quitting when it is most likely to frustrate the quit attempt. This delay also provides the quitter with more time to prepare for changed metabolism and possibly adjust their physical activity and nutritional behaviors appropriately.

4. Help patients recognize and avoid the preventable causes of post-cessation weight gain. Acknowledge that some weight gain is the healthy result of returning to a normal metabolism and may not be preventable.

5. Recommend a healthy lifestyle.¹⁷

Do Not:

1. Deny the likelihood of weight gain.

2. Minimize the significance of weight gain to the patient.

3. Encourage dieting. Dieting does not prevent weight gain in quitters—but does increase the likelihood of tobacco relapse.¹⁷

References:

¹⁷Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). *Treating Tobacco Use and Dependence*. Clinical practice guidelines. U.S. Department of Human Services, Public Health Service.

¹⁸Weight-control information Network (WIN), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH) (not dated). *You can control your weight as you quit smoking*. Retrieved from: www.pueblo.gsa.gov/cic_text/health/w8quit-smoke/index.htm.

